

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-040779

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No. 251 Primary Registration District No. 3048 Registrar's No. 232 STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

FILED OCT 28 1963

1. PLACE OF DEATH a. COUNTY Nodaway		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE Missouri b. COUNTY Nodaway	
b. CITY (If outside corporate limits, give TOWNSHIP only) Maryville		c. CITY OR TOWN Maryville	
Length of stay in 1b 18 days		Inside Limits Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION St. Francis Hospital		d. STREET ADDRESS (If outside, give location) 605 No. Vine	
Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	

3. NAME OF DECEASED First Middle Last HARRY ERNEST GLOVER		4. DATE OF DEATH Month Day Year 10 19 63	
5. SEX Male	6. COLOR OR RACE White	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH 7/13/07
9. AGE (last birthday) 56		10. IF UNDER 1 YEAR Months Days Hours Min.	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) Owner - operator - ret'd Sales Barn		10b. KIND OF BUSINESS OR INDUSTRY Maryville, Missouri	
11. BIRTHPLACE (City and state or country) USA		12. CITIZEN OF WHAT COUNTRY	
13a. FATHER'S NAME Ernest Glover		13b. MOTHER'S MAIDEN NAME Minnie Cornett	
14. NAME OF HUSBAND OR WIFE Hazel Glover		15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates of service) No	
16. SOCIAL SECURITY NO.		17. INFORMANT Address Mrs. Harry E. Glover, Maryville, Mo.	

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c). PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Progressive myocardial decompensation and debilitation Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) Complete left pneumothorax w/ Rt bronchial pneumonia, Oct 2, 7 Advanced pulmonary emphysema, Chronic bronchitis & bronchiectasis DUE TO (c) PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a) PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown		INTERVAL BETWEEN ONSET AND DEATH. Gradual Began several years ago.	
----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------	--	--------------------------------------------------------------------------	--

19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>		20a. ACCIDENT SUICIDE HOMICIDE <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>			
20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)		20f. CITY, TOWN, OR LOCATION Maryville, Missouri		COUNTY STATE	
21. I attended the deceased from Oct 2, 1963 to 10/19/63 and last saw him alive on Oct 18, 1963. Death occurred at 5:00 A. m on the date stated above, and to the best of my knowledge, from the causes stated.					
22a. SIGNATURE W.R. Jackson M.D.		22b. ADDRESS Maryville, Missouri		22c. DATE SIGNED 10/22/63	
23a. BURIAL, CREMATION, REMOVAL (Specify) burial		23b. DATE 10/21/63		23c. NAME OF CEMETERY OR CREMATORY Miriam	
23d. LOCATION (City, town, or county) Maryville, Missouri		(State)			
24. FUNERAL DIRECTOR Price Funeral Home, Maryville, Mo.		25. DATE RECD. BY LOCAL REG. 10-22-63		26. REGISTRAR'S SIGNATURE Bess Bolt	

(Licensed Embalmer's Statement on Reverse Side)

USE BLACK INK  
OR  
TYPEWRITER RIBBON

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

BY AFFIDAVIT OF

VS 300  
Rev. 4/59

10745

20745

3

4 0

5 1

6

7 0

8 2

9 5020

10

11

12 2-0

13 1-0

**STATEMENT BY LICENSED EMBALMER**

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Clara M. Pucci

Licensed Embalmer No. 1822

P. O. Address Marionville Mo

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).

If embalmed by a STUDENT, he also shall sign in his OWN handwriting.

If this body is not embalmed, fact should be so stated above.